

F95000005832



retirecare

Retirement Care Associates, Inc.

Lake Forest Drive
Suite 200
Tallahassee, Florida 32328
(904) 255-7500
Fax 404-843-9677

November 28, 1995

Florida Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To whom it may concern:

900001650089
-11/30/95--01049--002
*****78.75 *****78.75

Enclosed you will find a Application by Foreign Corporation for Authorization to Transact Business in Florida along with the appropriate fees. In addition I am requesting a certificate of good standing for Sun Coast Retirement, Inc.

I have enclosed for your convenience a federal express return envelope and airbill for the prompt return of the requested certificate.

If for any reason there is a problem with this request, please call me collect at (404) 255-7500. Thank you for your assistance.

Sincerely,


Kathy Pifer
Paralegal

enclosure

WP100CS\WP51\GOODSTAN.FLA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 30 PM 2:11

LR 11/30

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SUN COAST RETIREMENT, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KATHY PIFER
(Name of Person)

SUN COAST RETIREMENT, INC.
(Firm/Company)

6000 LAKE FORREST DRIVE SUITE 200
(Address)

ATLANTA, GA 30328
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

KATHY PIFER
(Name of Person)

at (404) 255-7500
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. SUN COAST RETIREMENT, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. GEORGIA
(State or country under the law of which it is incorporated)
3. 58-2202098
(FEI number, if applicable)
4. 11-1-95
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 12-15-95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 6000 LAKE FORREST DRIVE SUITE 200
ATLANTA, GA 30328
(Current mailing address)
8. OWNER/OPERATOR OF NURSING/RETIREMENT FACILITIES
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: C.T. CORPORATION SYSTEMS
Office Address: 1200 S. PINE ISLAND ROAD
PLANTATION, Florida, 33324
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mary R. Adams
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: CHRIS BROGDON

Address: 6000 LAKE FORREST DRIVE, SUITE 200, ATLANTA, GA 30328

Vice Chairman: N/A

Address:

Director: EDWARD E. LANE

Address: 6000 LAKE FORREST DRIVE, SUITE 200
ATLANTA, GA 30328

Director: DARRELL C. TUCKER

Address: 6000 LAKE FORREST DRIVE, SUITE 200
ATLANTA, GA 30328

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: CHRIS BROGDON

Address: 6000 LAKE FORREST DRIVE, SUITE 200
ATLANTA, GA 30328

Vice President: N/A

Address:

Secretary: PHILIP REES

Address: 6000 LAKE FORREST DRIVE, SUITE 200
ATLANTA, GA 30328

Treasurer: DARRELL C. TUCKER

Address: 6000 LAKE FORREST DRIVE, SUITE 200
ATLANTA, GA 30328

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. CHRIS BROGDON, CHAIRMAN

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

(Typed or printed name and capacity of person signing application)

**Secretary of State
Business Information and Services**

**Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 953190049
CONTROL NUMBER : 9532672
DATE INC/AUTH/FILED : 11/01/1995
JURISDICTION : GEORGIA
PRINT DATE : 11/15/1995
FORM NUMBER : 211

KATHY PIFER
6000 LAKE FOREST DRIVE
STE. 200
ATLANTA GA 30328

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 30 PM 2:11

CERTIFICATE OF EXISTENCE

I, MAX CLELAND, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**SUN COAST RETIREMENT, INC.
A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Max Cleland

MAX CLELAND
SECRETARY OF STATE

CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta